112. Lemann J Jr, Litzow R, Lennon EJ: The effects of chronic acid loads in normal man: Further evidence for the participation of bone mineral in the defense against chronic metabolic acidosis. J Clin Invest 45:1608-1614, Oct 1966

113. Coe FL, Firpo JJ Jr: Evidence for mild reversible hyperparathyroidism in distal renal tubular acidosis. Arch Intern Med 135:1485-1489, Nov 1975

114. Lemann J Jr, Litzow JR, Lennon EJ: Studies of the mechanism by which chronic metabolic acidosis augments urinary calcium excretion in man. J Clin Invest 46:1318-1328, Aug 1967

115. Sutton RA, Wong NLM, Dirks JH: The hypercalciuria of metabolic acidosis: A specific impairment of distal calcium reabsorption. Clin Res 23:434A, Apr 1975

116. Nash MA, Torrado AD, Greifer I, et al: Renal tubular acidosis in infants and children—Clinical course, response to treatment, and prognosis. J Pediatr 80:738-748, May 1972

117. Cohen JJ, Kamm DE: Renal metabolism: Relation to real function, *In* Brenner BM, Rector FC Jr (Eds): The Kidney—Vol 1, Section 1, Phiadelphia, Pa, Saunders Co, 1976, pp 126-214

118. Morrisey JF, Ochoa M Jr, Lotspeich WD, et al: Citrate excretion in renal tubular acidosis. Ann Intern Med 58:159-166, Jan 1963

119. Thier SO, Segal S: Cystinuria, *In* Stanbury JB, Wyngaarden JB, Fredrickson DS (Eds): The Metabolic Baisis of Inherited Disease. New York, McGraw-Hill Book Co., 1978, pp 1578-1592

120. Dent CE, Senior B: Studies on the treatment of cystinuria. Br J Urol 27:317-332, Dec 1955

121. Dent CE, Friedman M, Green H, et al: Treatment of cystinuria. Br Med J 1:403-408, Feb 1965

122. Crawhall JC, Watts RW: Cystinuria. Am J Med 45:736-755, Nov 1968

123. Dalgaard OZ: Polycystic disease of the kidneys, *In* Strauss MB, Welt LG (Ed): Diseases of the Kidney, 2nd Ed. Boston, Little, Brown and Co, 1971, pp 1223-1258

124. Gill G, Pallotta J, Kashgarian M, et al: Physiologic studies in renal osteodystrophy treated by subtotal parathyroidectomy. Am J Med 46:930-940, Jun 1969

125. Meschan I: Roentgen Signs in Clinical Practice, 2 vols. Philadelphia, WB Saunders Co, 1966

126. Ekström T, Engfeldt B, Lagergren C, et al: Medullary Sponge Kidney. Stockholm, Almqvist and Wiksell, 1959

127. Thomas WC Jr: Renal Calculi—A Guide to Management. Springfield, IL Charles C Thomas, 1976

128. Libertino JA, Newman HR, Lytton B, et al: Staghorn calculi in solitary kidneys. J Urol 105:753-757, Jun 1971

129. Blandy JP, Singh M: The case for a more aggressive approach to staghorn stones. J Urol 115:505-506, May 1976

130. Swanscn DA, Sullivan MJ, Palmer JM: Branched renal calculi. West J Med 125:354-360, Nov 1976

131. Gil-Vernet J: New surgical concepts in removing renal calculi. Urol Int 20:255-288, 1965

132. Smith MJ, Boyce WH: Anatrophic nephrctomy and plastic calyrhaphy. Trans Am Assoc Genitourin Surg 59:18-24, 1967

133. Harrison LH, Nordan JM: Symposium on renal lithiasis. Anatrophic nephrotomy for removal of renal calculi. Urol Clin North Am 1:333-344, Jun 1974

134. Stephenson TP, Bauer S, Hargreave TB, et al: The technique and results of pyelocalycotomy for staghorn calculi. Br J Urol 47:751-758, 1976

135. Marshall VR, Singh M, Tresidder GC, et al: The place of partial nephrectomy in the management of renal calcyceal calculi. Br J Urol 47:759-764, 1976

136. Boyce WH (guest editor): Symposium on renal lithiasis. Urol Clin North Am 1:179-383, Jun 1974

137. Boxer RJ, Johnson SF, Ehrlich RM: Ureteral substitution. Urology 12:269-278, Sep 1978

138. Skinner DG, Goodwin WE: Indications for the use of intestinal segments in management of nephrocalcinosis. Trans Am Assoc Genitourin Surg 66:158-169, 1974

139. Dees JE: The use of fibrinogen coagulum in pyelolithotomy. J Urol 56:271-283, Sep 1946

140. Patel VJ: The coagulum pyelolithotomy. Br J Surg 60: 230-236, Mar 1973

141. Rathore A, Harrison JH: Coagulum pyelolithotomy using autogenous plasma and bovine thrombin. J Urol 116:8-10, Jul 1976

142. Seddon JM, Bonin RE: Coagulum pyelolithotomy. Urology 9:564-565, May 1977

143. Nemoy NJ, Stamey TA: Surgical, bacteriological, and biochemical management of "infection stones." JAMA 215:1470-1476, Mar 1971

144. Nemoy NJ, Stamey TA: Use of hemiacidrin in management of infection stones. J Urol 116:693-695, Dec 1976

145. Fam B, Rossier AB, Yalla S, et al: The role of hemiacidrin in the management of renal stones in spinal cord injury patients. J Urol 116:696-698, Dec 1976

Myasthenia Secondary to Penicillamine

MYASTHENIA HAS BEEN FOUND to be a complication of penicillamine, a drug being used increasingly in the treatment of rheumatoid arthritis. . . . After years of speculation about a possible chemical abnormality as the cause of myasthenia, recent work has pinpointed the defect to a decreased number of available acetylcholine receptors in muscle. The decrease in the number of available receptors is due to the binding of many of these receptors by antiacetylcholine receptor antibodies. . . . Since penicillamine is known to produce some of its complications by means of antibody induction, and since myasthenia is now felt to be caused by antiacetylcholine receptor antibodies, which block uptake of the neural impulse at the neuromuscular junction, one can speculate that penicillamine may induce antibody to acetylcholine receptors and thereby cause myasthenia in susceptible patients. So far, more than 30 cases of penicillamine-induced myasthenia have been reported, and almost all of the cases have resolved simply by withdrawing the drug. . . . Treatment with standard antimyasthenia therapy is usually unnecessary.

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